

## **Focus Group as a Method of Data Collection in Nursing Research: An Experiential Report**

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### ***Abstract:***

*This article reports an experience with the focus group as a method of data collection in nursing research. Five discussion/reflection meetings were carried out having sexuality in nursing care practice as the central focus, with a group of seven students in the Nursing Graduation Course of the Federal University of Santa Maria (UFSM), in August and September 2001. It has been described here the motivation and the justification for the use of this technique; the organization of the group meetings; a synthesis of each one and its final evaluation.*

***Key words:*** *focus group, nursing research, sexuality, culture.*

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### **The Initial Impulse**

When starting a research project, it is common to feel an apprehension towards the pertinence of the data collection method to be used. Many questions emerge in the mind of the researcher, such as: will this method be appropriate to the objectives and to the subject of this research? Will it allow the uncovering of the data appropriately? Is it applicable to the group that we intend to work with? Should it be associated to another method to refine and to deepen knowledge on the subject?

Searching for the proper data collection method, we carried out an exercise with focus group that will be reported in this article. This is part of a thesis for doctoral degree in the School of Nursing of the University of São Paulo, in which the researcher is investigating the way sexuality, as a cultural component, is experienced in both the clinical context and the teaching context in nursing. Anthropology was the frame of reference for its development. Focus group was primarily chosen because it has been frequently used lately, and is considered appropriate for qualitative research when the intention is to explore a “focus”, or a specific point in a broad subject. Moreover, this method can be applied to a specific theme, in which the purpose is to elicit the different points of view about that theme, to understand the different worldviews, and to understand in depth a behavior of a determined group (Victoria, Knaut, & Hassen, 2000). Also, there is a possibility of, through the discussion, the construction of a common knowledge within the group.

In some areas, such as mercadology, where it initially began, and others like psychology and anthropology, focus group method has been used successfully to collect data in qualitative and

also quantitative research projects (Westphal, Bogus, & Faria, 1996). It is believed that, in nursing, this is still a new option for researchers, one that creates a space for reflection on its own conceptions, for self-evaluation, and, in this last instance, the change in the researcher's behavior.

It is necessary to emphasize that the primary objective of this thesis is not to change behaviors, but to show the similarities and the diversities within the same context. However, the discussion on sexuality may provoke some transformation. Changing projects may emerge from the group, but they must be supported by their experiences. These considerations gave impulse to the choice of focus group as the main form of data collection in this project.

This research experience was developed with a group of seven students from a graduate course in nursing at the Federal University of Santa Maria (UFSM), Santa Maria, Brazil, in August and September of 2001.

### **The group construction...or “the enchantment”**

Initially, contact was made with a colleague of the Department of Nursing of UFSM who could schedule a meeting with a group of students interested in participating in the research and who would also work as co-facilitator, having previous experience in working with focus groups.

Upon arrival at the arranged location, the study was explained to the participants and they were invited to participate. This first contact was fundamental for the adhesion of the students.

### **“The enchantment”**

The group proved to be very interested and, in just a few minutes, 13 students were enrolled to participate. After the due explanations about the nature of the work, the date of the first focus group meeting was scheduled.

The selection of the participants of the focus group must be very cautious and adhere to the most specific criteria as possible. It is advised that the sample is intentional, determined by the objective of the study and that the group is as uniform as possible (Barbosa, 1998; Dall’Agnol & Trench, 1999). Considering these recommendations, it was contemplated that the participants must have at least one trait among them. In the selection, the criteria were that they be female and be a student of the specific graduate nursing course at the UFSM. The other variables such as age, ethnic background, marital status, social class, school semester were considered as factors that would come to enrich the group. The group started with seven participants. Their age varied between 17 and 24 years. Most of them were single. The predominant religion was catholic. The ethnic background was German and Italian. They have not had previous learning of female sexuality.

Among the participants some had not experienced any practical classes in the University Hospital, only in the community Medical Unit Kennedy in the Public Health discipline during their 3<sup>rd</sup> semester. However, this did not cause any constraints, as the intent of the focus group was to elicit the individual experiences, the different points of view and perceptions about the phenomenon, and its re-definition through the interactive process (Dall’Agnol & Trench, 1999).

Five sessions of group discussions were carried out. Every meeting had a specific objective and methodology. The duration of every meeting was 1 hour and 30 minutes, scheduled according to the participants' requests. The time of the sessions were carefully observed (Barbosa, 1998; Dall'Agnol & Trench, 1999). All the narratives and discussions were tape recorded and transcribed after the meetings. A deal was made with the participants that, they would validate the data.

### **The preparation of the meetings... or “the setting of the show”**

On the eve of the first scheduled meeting, a telephone contact was made with each of the participants, confirming the time and the place of the session.

Each meeting or show (this denominated, because was a unique show, evidencing special moments) had a special preparation, according with the objective and methodology that would be used. The sessions were conducted in a classroom in the Department of Nursing, that had good illumination and ventilation, upholstered chairs, and proper space for the realization of the group activities. Its localization allowed the development of the meetings without any outside interference. It assured privacy, comfort, easy access, and a neutral environment (Victoria, Knaut, & Hassen, 2000).

The apparatus for the recording of the discussions was prepared before the sessions, and the availability of tapes and batteries was replenished at each meeting.

For all the “shows”, a pleasant, loving environment was set through the use of a gentle aromatical incense in the class, of a relaxing song, with sounds of water, nature, birds, music box, like “The Enya Classics”, “Love Songs” and “Beatles Love Songs”. It was organized on a table, along with the chair circle, a little snack composed of crackers or biscuits, a cake, candy, or a fruit tea.

The chairs were placed in a circle and at each meeting the participants changed their position in the room and who they sat with. The facilitator and the co-facilitator sat in places where the non-verbal communication with each other was possible, and avoided sitting side-by-side to prevent any impression of centralization of power.

The arrangement of the seats is important, promoting the whole group participation, the face-to-face interaction, and good eye contact among all the participants, with the same distances among everybody and all participants in every person’s field of vision. It is emphasized that attributing to the seats an idea of prestige should be avoided (Dall’Agnol & Trench, 1999; Débus, 1997).

In the first meeting, identification cards were given to identify each participant, so that they were addressed properly by the other participants, enabling better group interaction (Dall’Agnol & Trench, 1999).

Prior to each meeting, specific material was selected and prepared that might serve as props and enhance the discussion, such as magazines, scissors, glue, paper and markers for collage, clay and paper for modeling, and small posters with supporting words to make dynamic the

discussions. These teaching resources were used to stimulate the participants and let the topic flow naturally, especially with issues or topics that are difficult to express orally. Such procedures were used to stimulate the debate.

**A synthesis of each meeting... or “a walk through each act of the show”**

***The first meeting: “trying to understand the meanings”***

It was filled with a lot of anxiety from both groups -- the participants and the facilitators. We were all initiating a new experience not knowing what would be the outcome.

The objective of this “show” was to investigate the meanings and the perceptions about sexuality among the participants. For that, an initial technique, “brainstorming”, was used, with the following question as impetus for discussion: what is the first idea that comes to your mind when you think of sexuality?

Some conceptions started to appear such as: sexuality as a synonym of sensuality; as a manner of contact between people; as an interpersonal relationship; something common to all human beings and conducted by hormones; as an energy that exists in each individual; as an element of attraction between people.

At the same time, the sexuality question was related to values and cultural concepts of each individual, and in time and specific spaces, emphasizing, through examples, that the meaning of sexuality varied according to the culture of each social group.

To clarify the ideas raised by the group, three questions were used to elicit deeper answers: “what?”, “what for?” and “why?” (Dall’Agnol & Trench, 1999). Participants were requested to expand on their ideas and make other comments that tried to explore the discussion and clarify their ideas (Débus, 1997). In this sense, they were asked: as a woman, how do you express your sexuality daily? They were requested to give examples of how this happened, when it happened, and how they felt about it.

In this manner, some explanations came up applying further detail to the original answers: “*it has got to do with attraction and attention*”, “*the way you dress, like or wish to look*”, “*move your body*”, that are the nonverbal expressions of it; in “*touch*” as a way of contact, of expressing love, the coziness, the caring and protection; in the “*way of staring, talking and participating in the world*”.

They revealed difficulty in expressing it theoretically although they had an understanding of the sexuality as something inherent to all human being that expresses in all the body communication manners and it has a variable meaning according to the culture of each individual.

In this first meeting, opinions were emerging even though there was some difficulty in expressing them. At the end of the session, an evaluation of the meeting was requested and the participants expressed clearly the difficulty in conceptualizing this question, even though sexuality is part of their daily lives.

In this meeting, a group contract was agreed on that related the following items as priorities to conduct the discussions and the conduct of the participants in the meetings: the respect for the speaking time of the others, the freedom of expression, the space of time so that they all could have their own time, the punctuality for the beginning and the end of the sessions, notification in case one of the participants decided to withdraw from the meetings, and the ethical commitment to shared secrecy among them of the meeting's proceedings.

These suggestions emerged from the group and raised questions of organizational order (among them the basic rules of living in harmony) and ethics (as the bilateral ethic commitment concerning the actions of the group), with the objective of better facilitating the interactional process (Dall'Agnol & Trench, 1999). The group contract was written based on this discussion, and at the second meeting it was approved and signed by all the participants of the group (including the moderator and the observer).

Also distributed at the first meeting to each participant was a copy the Free Informed Consent form, which was signed by all participants and also signed by the researcher.

***The 2<sup>nd</sup> meeting: "Singular Constructions"***

The objective was to investigate how the cultural construction affected the sexuality of the participants. They were asked, initially, to say how sexuality was approached in the family setting, among acquaintances, at school, and in other social institutions that have influence in the socialization of the individuals, such as the church or the mass media, both in childhood and adolescence.

From the examples given by the participants, we observed that they were mentioning the sexuality as a concept restricted to a sexual relationship. From this, the idea was to deepen in the narratives, getting clarifications, checking if the researcher's understanding of their reports was correct, and requesting comparisons. This not only aided the researchers but also allowed the participants themselves to more fully explore their ideas and to better understand the concepts and perspectives of others.

Many different conceptions about sexuality and how it was constructed in their lives were elicited. They can be grouped in the following manner: sexuality was considered as a taboo having little or no space for conversation within the family; sexuality was expressed through the affectionate relationship in the family; sexuality was a subject for the guidance of the children, and it was a role performed by the mother, however this was done in a fantasy kind of way with caution and prohibition (as reported in the dissertation of Ressel (1995), about culture as a sexuality intermediary for females, a study carried out among a group of women from the countryside of Rio Grande do Sul. Many participants revealed that it was with the menarche that the subject of sexuality started to be part of the conversations with the parents.)

The menarche was also the reason so that many participants were taken by their parents to the gynecologist for the first time, it was this professional, rather than a parent, who was responsible for orientation about their period and body development.

The other institution that was an element in the construction of sexuality was the school, in a positive way, especially through the recommendation of books by the teachers.

In this second meeting, it was noticed that some questions should be phrased differently or asked in a different manner to avoid relating in a limited way the concept of sexuality as the sexual act, instead extending the concept to the universe of cultural values and rules that are being little by little instituted in the socialization.

***The 3<sup>rd</sup> meeting: “The nurse that I see”***

The objective was to make possible the revelation of the stereotype of the nurse held by the participants. The figure and magazine statements collage technique was used, with the participants being asked that they represented the following: “the image I have of the nurse” or “how is the nurse that I live with?” The participants had 45 minutes to create their collages, and then each participant explained their work. These collages showed a diversity of characteristics seen to be possessed by nurses, many of these characteristics being described as “those fundamental characteristics that the nurse must have”. These characteristics were classified into distinct categories for the purpose of this report.

One of these categories of characteristics considered to be essential of nurses was the affective: to be welcoming, supportive, know how to share feelings, be happy, be creative, loving, kind, sincere, humble, calm, and serene.

Technical-cognitive characteristics considered essential were to have technical competence, to be a great observer, to have scientific knowledge, to be creative, skillful, precise, and dynamic.

A third group that was emphasized were ethical-political characteristics: to have a critical sense; to be reflexive, that is, to reflect about their acts constantly; to have political view; to guide their conduct through ethics; to know how to work in team; to have respect for their work and the work place; and respect the culture (like cultural values and rules) of the people, both patients and coworkers.

Vocational characteristics that there were mentioned included: like what they do; feel satisfaction with what they do; get pleasure from doing their work; have love for the profession; be a guiding light to people; always help; live in harmony with life; have a strong will; be a hard worker; be strong; fight for an ideal; fight for a dream; have faith; and believe in a superior power.

In only one of the representations was the sexuality question revealed in the image of the nurse, in a condition of the popular imaginary that relates the image of the nurse to sin, to sensuality and eroticism. In the other representations, the sexuality domain was sealed, not being understood by the group as an element of expression to characterize the image that they have of the “nurse”, because the image that they produced reflects what they understand as positive and good and wish to have in the future as nurses, too. However, the question of physical beauty, of personal presentation without excess, was expressed by many participants, relating this characteristics to a necessary predicate to develop their work to their content.

This lack of sexuality on the representations comes toward the statement that the nurses deny their own sexuality while working, with a mechanism of self-control that is an extension of the practice and the nursing education. The lack of imagery of sexuality in the day to day life of a nurse, as expressed by these nursing students' representation of their own self-image, was demonstrated in this research exercise (Figueiredo & Carvalho, 1999; Sobral, 1994).

The characteristics pointed by the participants, expressed through the collage technique, achieved the objective of the meeting, and made possible the revelation of the stereotype of the nurse in this group. It is important to emphasize that the result of this exercise, the lack of representation of sexuality, showed us the necessity of a meeting with the specific objective of investigating sexuality as as a present and visible element in nursing practice.

***The 4<sup>th</sup> meeting, named “how to deal with this subject in this house?”***

There were two objectives. The first was to continue the debate of the 3<sup>rd</sup> meeting, and the second was to discuss how the question of sexuality has been addressed in the Nursing Course at UFSM and to propose suggestions or strategies of work in this course.

To achieve the first objective took the first 30 minutes of the meeting, and discussion was motivated by the question: “how do you notice the sexuality in your representation of the nurse?” One topic that was brought up by the participants in the discussion relating to sexuality was the “*act of touching each other*”, understood by them as a situation that promotes the pleasure both to the person who touches and to the person who is touched. But in the daily context of the nurse, this is not true, and touching is done with a sense of distance, as though done by a machine or an

object. This relationship was extended to the existing relationship with nursing that rarely promotes the physical contact, or any opportunity to express their feelings. There are arguments showing that the nurse leans on the technique of nursing as a shield, that allows to touch the other through a sequence of steps and impersonality (Sobral, 1994). From this, the sexuality characteristic present in all human interactions is controlled and the body of the nurse, as an instrument of pleasure, is denied.

Another manifestation was about the body. The participants understand that the way of staring, touching, talking and making gestures may express care, affection, coziness, protection, or sensuality and eroticism. In this sense they attribute to “good sense” the “control” of this manifestation to avoid “misunderstandings” in the hospital.

They discussed, also, that care “with no exaggeration”, along with the good appearance, is convenient to the pleasure of the patient assisted, making this a necessary attribute. However, they do not relate care with sexuality, unless the patient becomes a little inconvenient causing discomfort.

It was also mentioned that nursing involves manipulating the body of others “seriously” and “naturally”, not showing embarrassment nor emotions, and this is manifested in the denying of the presence of the sexuality. In short, this session showed that there is still now a place for discussion of sexuality in nursing, and it is still considered a taboo (Figueiredo & Carvalho, 1999; Sobral, 1994).

This debate spontaneously led into the second topic of this meeting, extending the discussion to a report of the experiences of the participants, as nursing students, in relation to sexuality.

Some of the group situations of preparation to start the practical classes in the University Hospital were narrated. This preparation aimed to guide the behavior they should have in this place, specifically how they should dress, how to relate with the patients, family members, health staff, and other students. The narratives were loaded with “nos”, closing with the comment of one of the participants about the nursing education: *“this is where the prohibitions we impose on ourselves starts.”* They also expressed that there is no opportunity in the course to discuss issues of sexuality and other questions related to their own life experience as women.

Starting from these reports, they suggested some strategies to deal with sexuality in the nursing courses, such as creating an alternative discipline or a study group, with space for debate of themes that involve sexuality, gender, violence, with cultural, historical, social and political perspectives that allow them to socialize their own experiences, using this space as a “breather” and also as an opportunity of self-knowledge.

The participants expressed that the dialogue exercise with co-workers, teachers, nurses, and nursing and health staff, should be done constantly in their education, making possible the incorporation into future practice, emphasizing that learning by example is an important element of their education.

One of the things we, the researchers, discovered up to this point in the research is that there should not be many questions discussed in the one session, causing the group to disperse or feel tired (Barbosa, 1998). In-depth investigation of a topic requires time and concentration, and results in better data. Instead of covering several topics in one session, be prepared to hold as many sessions of the focus group as necessary, to discuss and clarify questions (Dall'Agnol & Trench, 1999; Débus, 1997; Victoria, Knaut, & Hassen, 2000; Westphal, Bogus, & Faria, 1996). It is also important to respect the starting and finishing time of each meeting, an issue that was reintroduced at this session when we had to add the extra objective of clarifying questions discussed in the 3<sup>rd</sup> meeting.

***The 5<sup>th</sup> meeting entitled “I woman x I nursing student”***

The purpose was uncovering the differences of behavior towards sexuality, as an individual experience, as a woman, and as a nursing student. The clay modeling technique was used in two different instances.

In the first instance, it was requested that the participants represent in the clay: “how do I feel and see myself as a woman?”, and in the second instance: “how do I feel and see myself as a nursing student?” For each situation, the participants were given 15 minutes to create the representation and 30 minutes for the presentation and the discussion.

The exercise of clay modeling was viewed with satisfaction, as the sculptures were little by little coming to life in the explanations of each participant. In their narratives, the feelings and the emotions were presented as a “*look inside themselves*”.

Among the various representations of “how I feel and see myself as a woman” were the relation of “being a woman” with the figure of a “lion”, as a synonym of strength, courage and overcoming; as a “*sun and a bird flying*”, representing the light, beauty and freedom; as a “*flower*” expressing beauty and harmony and, at the same time, strength and endurance; as a “*heart*” meaning a very sentimental and emotional being; and like a “*rose which is about to blossom with thorns to protect it*”, representing the beauty, what is yet to come, to know and the natural protection to live in the world.

In the second example of the clay works, of the “how do I see myself as a nursing student” representations, included an “*upstairs*”, relating to a being in evolution, looking of the top; a “*semi-opened head, with one of the sides filled, and the other to be filled*”, meaning the receptivity of new knowledge, but only being attended in the intellect and expressing that, while they are nursing students, there is in their education a gap in relation to the emotional plan, of self-development, and self-learning, as for example, in relation to sexuality; a “*helping hand*” representing the readiness to offer and receive help; “*a brain, an eye, an ear, a mouth, a hand and a heart grouped next to each other*”, representing the accumulation of knowledge and reasoning, the observation and the knowledge of listening to learn, the power to communicate, the possibility to help others and to express and feel emotions in their daily routine; and an “*egg being hatched in a nest*” as a sign of welcoming, construction and the maturing process that is being experienced as a nursing student.

This meeting had not been scheduled in the initial planning. However, as the meetings continued, the necessity of closing this research exercise as a work that “sewed” a little of everything that happened in each meeting became apparent. It was with this objective that we planned this final group session, to reveal characteristics that build our personal imagery in this specific moment, resulting in a true show of expressions and emotions.

The debate has shown an understanding of sexuality as being in the way you act, think or feel, and is related to all the aspects of life, and is expressed in the world view of each person, as well as having specific meaning that is revealed according to the particular cultural group to which one belongs. Thus, its manifestation is differentiated in the subjective models represented by “I see myself...”.

This meeting presented the possibility of “bonding” all the discussions that emerged in the previous meetings, allowing for consolidation ideas, clarification of opinions, and rethinking points of view. The group felt that the interaction among its participants became more solid and that the concepts were being built, naturally, from the experiences that were discussed.

### **Evaluating the technique... or “remembering the show”**

At the end of this research exercise, some characteristics of the focus group were “remembered”, noticed in the “shows” that proved the viability of this method.

1. Although the participants had not experienced practical classes in the U.H. and, consequently, had little experience with nursing practice, they had in their subjective imaginary, individual

latent knowledge that was elaborated and expressed in the group through an interactive process, culminating in the collective construction of a study theme. There was a construction of knowledge vertically (Dall'Agnol & Trench, 1999).

2. The number of seven participants is considered ideal to deepen the ideas that flowed in the group, and the criteria of selection used showed the intentionality of the sample to be important (that is that the participants had at least one a common trait, here of being female students). In the same way, the other variables did proved beneficial in the discussions, with each participant having respect for all others and interest in all the ideas (Débus, 1997).

3. The first contact with the group was fundamental to establish a trustworthy environment and a desire to participate of the project. The presentation of the researcher to the group of participants must be done by a common acquaintance, as well as in clear and honest language, thus creating security and interest that will be the essential factors for the acceptance of each participant to the research (Minayo, 1993).

4. Taking preparation time before each meeting helped not only the organization of the meeting, but also allowed us to present a welcoming, cozy, extrovert, serene, and secure atmosphere for all the participants.

5. The brainstorming technique is proper when the participants are required to bring up different perceptions, points of view, and thoughts about a subject, without worrying about censorship about what is right or wrong.

6. It was understood that it was not necessary to prepare many questions to stimulate debate, but rather to have a clear and concise objective for each meeting, to keep focussed on that topic, and to pay careful attention to the narratives of each collaborator (Débus, 1997).

7. The beginning of each meeting was fundamental to establish a bilateral ethical commitment to what is about to happen with the group that session; setting out basic guidelines eased group interaction (Dall'Agnol & Trench, 1999, Débus, 1997).

8. Many times the participants referred to sexuality as a sexual relation. It was understood that the concept of sexuality may be comprised of many meanings, including this, our goal was to direct the focus of the discussion to a concept that approached an anthropological perspective, relating it with the question of culture. This directioning occurred by requesting examples of experiences of the participants, requesting clarification and synthesizing of ideas and opinions. Moderation techniques were used as suggested in the work of Debus: scale technique, questions about uncovered aspects, symbolic analysis, projective techniques, convincing techniques. Soon, aiming at the understanding of sexuality from a cultural approach, this focus group began to reveal relevant data and, at the same time, it made possible the evaluation of some questions that were applied and should be reconsidered in the light of these results.

9. The collage technique used in the 3<sup>rd</sup> meeting was proper to reveal the stereotype of the nurse image. At the same time, it made possible an extroverted moment. This exercise pointed out the necessity of changing the response method from oral to visual to portray the focus on sexuality in

the image of the nurse. It is known from studies already done about sexuality in nursing that this concept is absent from the current representations of the images of the nurse (Figueiredo, 1999; Sobral, 1994). This alteration of method will depend of the desire of the researcher in relation to the direction of the research. However, in our experience, the revelation of this stereotype was important, and confirmed previous works in nursing, and this was the only way possible to rescue the topic from being hidden in the discussion of the focus group. It also allowed the flexibility to elaborate and clarify the themes from earlier discussions.

10. Another possibility of focus groups, and one that was possible in this exercise, is the identification of the perceptions and meanings of the group as a whole, and the difficulties to work these themes into daily practice, as well as suggestions and proposals of modification that came from the subjects throughout in study (Westphal, Bogus, & Faria, 1996).

11. The group interaction, always treating others with respect, the comprehension, the exchanging of ideas, the extroversion and the commitment from each participant was a condition of making easier the development of the discussions,.

12. In some moments, the focus of the discussion waivered, and it became necessary to restart on the theme. This is a risk that can happen in a discussion, due to the control of the focus group to being shared between both the facilitator and the participants (Westphal, Bogus, & Faria, 1996). However, as mentioned previously, the concentration of the moderator kept the participants on track by refocussing the questions.

13. The clay modeling technique was proper for the revelation of representations of the experiences of “I as woman” and the “I as nursing student”. The creativity and the sensibility of the participants were surprising, also, in this moment.

14. The 5th meeting had not been scheduled in the initial planning of this pilot project. However, due to the characteristics of this technique like flexibility and adaptation according to the necessities of work, it was possible to add this meeting, providing a last follow up to the discussions carried out until then.

15. The group of participants emphasized that this kind of activity, where information, ideas, points of view, opinions, expressions of experience, and so forth, were shared, thus raising the construction of knowledge, did not end with the with this research exercise, but that it extended to other activities. For example, they suggested establishing a study and research group about the health of women (and that is being arranged).

16. The role of the observer in the group was important not only to the coordinator (as to the handling of the recording material, schedule control, and to collect the reactions of the participants), but its main function was, without a doubt, to assist, through discussions, the coordinator in the clarification and orientation as to the concepts raised in each meeting and what follow-up discussions elaboration and expansion were needed.

17. Not all participants could participate in all meetings. As mentioned in the group contract, they could miss 2 meeting at most, and their absence should be communicated to the group

ahead of time. This was faithfully followed and an absence at some meetings did not harm the development of the work, as some perspective of the sexuality theme was examined in all the meetings. This common thread through the meetings allowed revisiting ideas in session, allowing someone who was absent at a previous meeting to review statements and make comments. This aspect of the focus group technique was considered pertinent to the data collection.

18. At the end of each meeting, an evaluation about the feelings and sensations promoted in each session was done. These reports were of self-knowledge, self-affirmation, review of concepts and critical reflections about the daily activities. This aspect was considered to be an advantage of the focus group, allowing for critical thinking and evaluation (Dall’Agnol & Trench, 1999; Westphal, Bogus, & Faria, 1996).

### **Final reflections... or “last comments about the show”**

The focus group showed to be proper to identify the knowledge and the perceptions about sexuality in a cultural perspective; it allowed us to identify barriers, prejudice, difficulties and conflicts of working with this question, starting with the individual experiences of the participants and the way this theme is being treated in the nursing courses. It was possible to obtain, from the group itself, proposed solutions to the problems experienced. The overall experience allowed for the obtaining of qualitative data, quickly, and at a low cost.

It was noticed that this method is proper for identifying the objective of the project, by allowing the quick and easy uncovering of data, and finding out the important. In the final study, along with focus group, semi-structured interviews will be used, with the idea of clarifying and deepening the data obtained through the group discussion. For the ideas to remain fresh, these interviews must be conducted soon after the end of the focus group.

Fundamental in the use of this method are the art of asking why and the ability to know how to listen, which demands practice and a lot of sensibility, reflection, and precision in understanding the data. One must approach the research as a creative process (Débus, 1997).

This method has the declared intention of raising consciousness, and of changing the reality in a critical manner to break apart from alienation. This is evident by the possibility of the research subjects themselves to diagnose their own reality, their daily routine, by the possibility of developed self-knowledge and the power to use possible solutions that emerge in a group debate. At the end, these collective ideas are embraced by all the group as a committed collective construction (Dall'Agnol & Trench, 1999; Débus, 1997).

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